

PROJECT 10073 RECORD

1. DATE - TIME GROUP 29 JUL 68 2215 EDT 30/0215Z	2. LOCATION KETTERING, OHIO
3. SOURCE CIVILIAN	10. CONCLUSION INSUFFICIENT DATA FOR EVALUATION
4. NUMBER OF OBJECTS ONE	
5. LENGTH OF OBSERVATION 1½ minutes	11. BRIEF SUMMARY AND ANALYSIS The observer reported to the Duty Officer that he had sighted a bright light with fuzzy edges.
6. TYPE OF OBSERVATION GROUND-VISUAL	COMMENTS: The observer was requested to complete a Form 117 but has not returned it as of 5 Sep 68. The sighting could be of a satellite or an aircraft. (Note: There was an aircraft with a battlefield illum. lighting system in the Dayton area in latter July). Because the observer did not return his Form 117 the sighting is being evaluated as Insufficient Data.
7. COURSE	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Battelfield High Beam Tests Here

A C-130 Hercules aircraft equipped with high intensity lamps and reflectors for lighting battelfield areas, will be flight tested at Wright-Patterson. First tests in Southwestern Ohio are expected in a few days as the aircraft arrives at W-P from Greenville, Tex.

Called BIAS — for Battelfield Illumination Aircraft Subsystem — the powerful lamps will be visible over a wide area. W-P also will be the staging area for tests of the subsystems at Elgin AFB, Ill.

The illumination subsystem was developed for the Air Force by Ling-Temco-Vought LTV Electronics, Greenville, Tex. Aeronautical Systems Division here is directing the development effort. The subsystem produces a concentrated conical beam, and is comprised of 23 high-intensity, xenon arc lamps mounted on pods on the forward portion of the C-130 fuselage.

Project officer for BIAS is Maj. William S. Paul. Heading the branch in ASD's Projects Division is Ronald B. Maritz and Col. T. W. Hooferspijger heads the Projects Division. Pilots for the test program will be Lt. Col. Richard Gough and Lt. Col. Charles Thomas, both of ASD's Directorate of Flight Test.

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433

[Handwritten signature]

29 Jul 68



5 AUG 1968

REPLY TO
ATTN OF: TDPT (UFO)

SUBJECT: UFO Observation, 29 Jul 68

TO:

[Redacted name]
Kettering, Ohio 45429

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

[Handwritten initials]
HECTOR QUINTANILLA, Jr, Lt Colonel, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch
AF Form 117 w/envelope

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL
NUMBER 21-R258

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, 1AW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?
DAY 29 MONTH JUL YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?
HOUR 10 MINUTES 15 ☐ A.M. ☒ P.M.

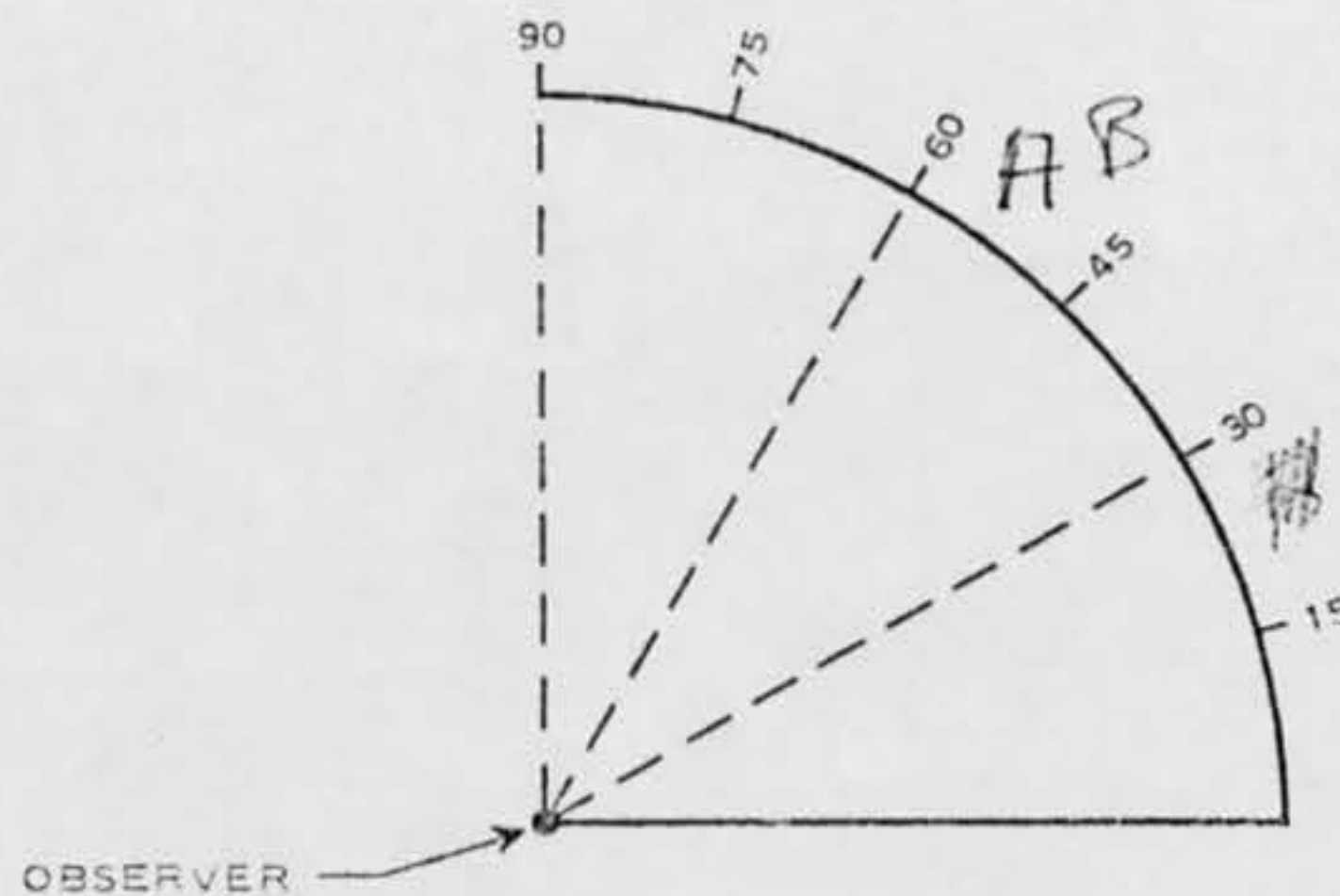
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?
HOUR 10 MINUTES 17 ☐ A.M. ☒ P.M.

4. TIME ZONE ☒ DAYLIGHT SAVINGS ☐ STANDARD
☒ EASTERN ☐ CENTRAL ☐ MOUNTAIN ☐ PACIFIC ☐ OTHER

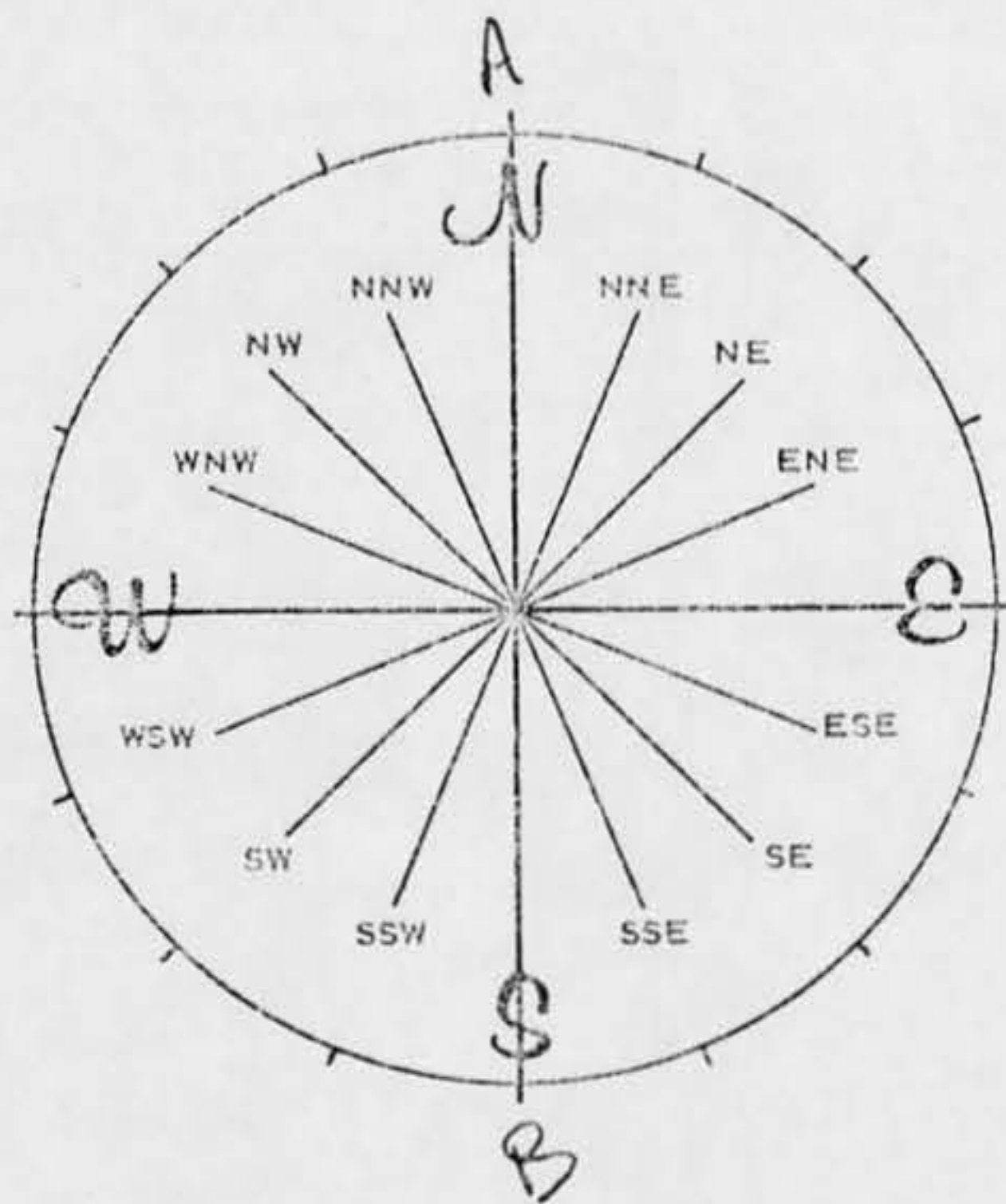
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

Kettering, Ohio

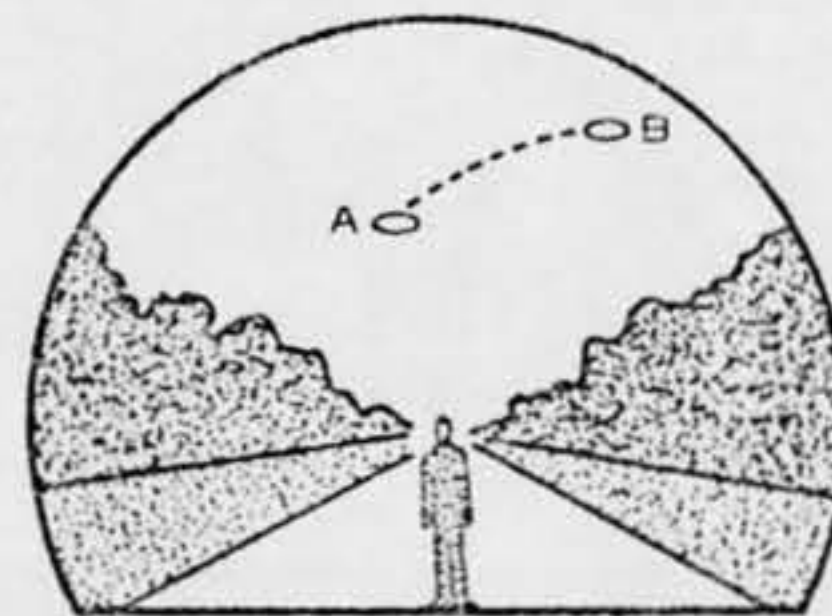
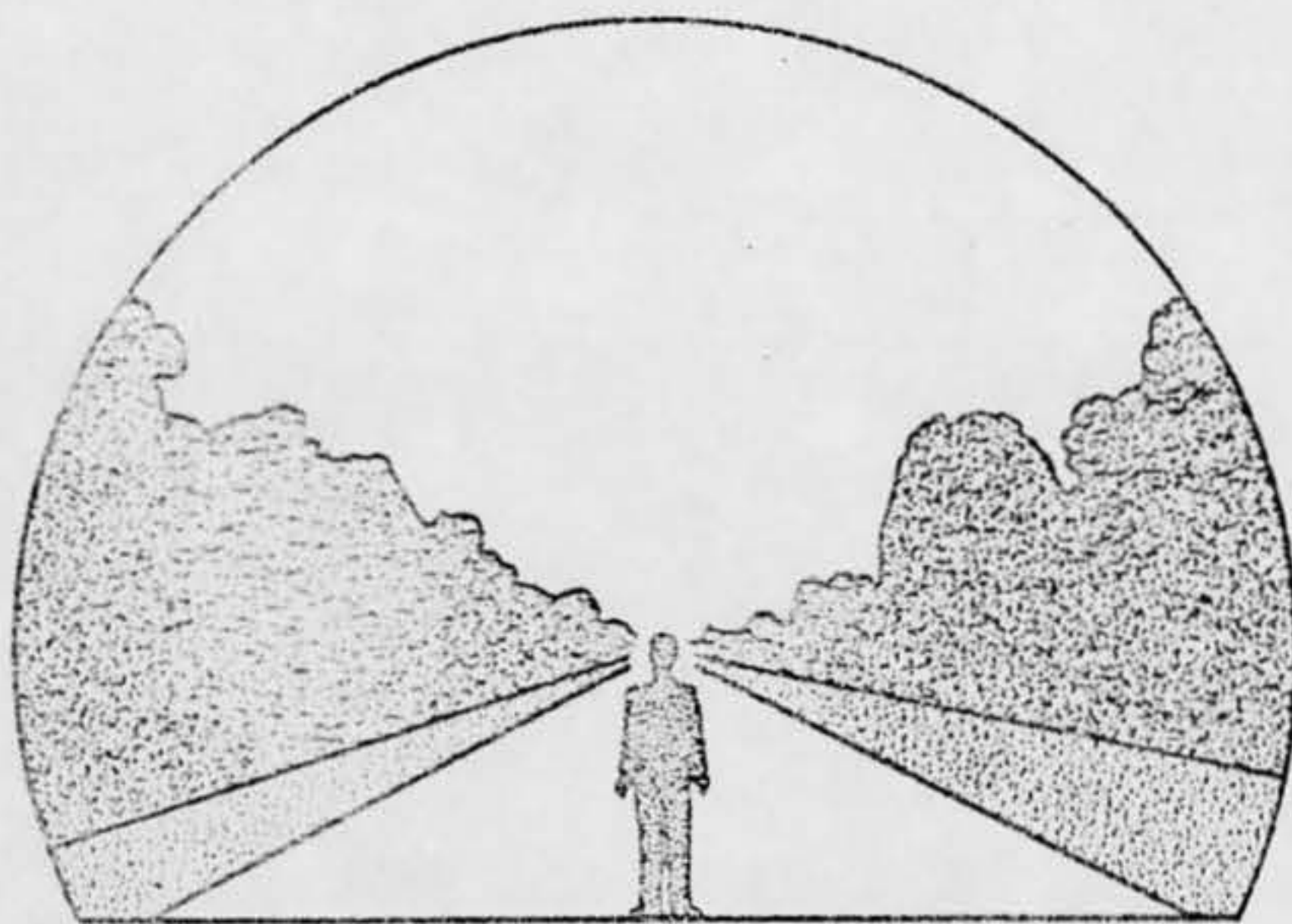
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



B. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
<input checked="" type="checkbox"/>	OUTDOORS		IN BUSINESS SECTION OF CITY
	IN BUILDING	<input checked="" type="checkbox"/>	IN RESIDENTIAL SECTION OF CITY
	IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER		IN OPEN COUNTRYSIDE
	IN BOAT		NEAR AIRFIELD
	IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER		FLYING OVER CITY
	OTHER		FLYING OVER OPEN COUNTRY
			OTHER
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
<input type="checkbox"/> NORTH	<input type="checkbox"/> EAST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> SOUTH	<input type="checkbox"/> WEST		
<input type="checkbox"/> NORTHEAST	<input type="checkbox"/> SOUTHEAST		
<input type="checkbox"/> NORTHWEST	<input type="checkbox"/> SOUTHWEST		
EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.			
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.			
HOW MUCH OTHER TRAFFIC WAS THERE?			
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.			
9. HOW LONG WAS THE PHENOMENON IN SIGHT?			
LENGTH OF TIME	<i>1 1/2 minutes</i>	<input checked="" type="checkbox"/> CERTAIN OF TIME	<input type="checkbox"/> NOT VERY SURE
		<input type="checkbox"/> FAIRLY CERTAIN	<input type="checkbox"/> JUST A GUESS
HOW WAS TIME DETERMINED? <i>estimate</i>			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.			

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

11. CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER	
<input type="checkbox"/>	DAY	<input type="checkbox"/>	CUMULUS CLOUDS (Low fluffy)
<input type="checkbox"/>	TWILIGHT	<input type="checkbox"/>	CIRRUS CLOUDS (High fleecy or Herring-bone)
<input checked="" type="checkbox"/>	NIGHT	<input type="checkbox"/>	FOG OR MIST
<input checked="" type="checkbox"/>	CLEAR	<input type="checkbox"/>	HEAVY RAIN
<input type="checkbox"/>	PARTLY CLOUDY	<input type="checkbox"/>	LIGHT RAIN OR DRIZZLE
<input type="checkbox"/>	COMPLETELY OVERCAST	<input type="checkbox"/>	HAIL
		<input type="checkbox"/>	SNOW OR SLEET
		<input type="checkbox"/>	UNKNOWN
		<input type="checkbox"/>	HAZE OR SMOG
		<input type="checkbox"/>	NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS	(2) MOON
<input type="checkbox"/>	NONE
<input type="checkbox"/>	BRIGHT MOONLIGHT
<input type="checkbox"/>	MOON WITH HALO
<input checked="" type="checkbox"/>	MOON HIDDEN BY CLOUDS
<input type="checkbox"/>	PARTIAL (New or quarter)
<input type="checkbox"/>	NO MOONLIGHT
<input type="checkbox"/>	UNKNOWN

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

<input type="checkbox"/>	IN FRONT OF YOU	<input type="checkbox"/>	TO YOUR RIGHT	<input type="checkbox"/>	OVERHEAD (Near noon)
<input type="checkbox"/>	IN BACK OF YOU	<input type="checkbox"/>	TO YOUR LEFT	<input type="checkbox"/>	UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

Very bright light w/ fuzzy edges.

13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?	X		
	STAND STILL AT ANYTIME?		X	
	SUDDENLY SPEED UP AND RUN AWAY?		X	
	BREAK UP IN PARTS AND EXPLODE?		X	
	CHANGE COLOR?		X	
	GIVE OFF SMOKE?		X	
	CHANGE BRIGHTNESS?		X	
	CHANGE SHAPE?		X	
	FLASH OR FLICKER?		X	
	DISAPPEAR AND REAPPEAR?		X	
	SPIN LIKE A TOP?		X	
	MAKE A NOISE?		X	
	FLUTTER OR WOBBLE?		X	
14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?				
Accidental.				
A. HOW DID IT FINALLY DISAPPEAR?				
B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.				

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.	
EYEGASSES	CAMERA VIEWER
SUNGLASSES	BINOCULARS
WINDSHIELD	TELESCOPE
SIDE WINDOW OF VEHICLE	THEODOLITE
WINDOWPANE	OTHER
A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO	B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO
18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED _____	19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>20 miles</u>
20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.	
21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.	
A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.	

29 Jul 68

AFR 80-17(C1)

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," GIVE DATE AND LOCATION.			
23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DID THEY SEE IT TOO? <input type="checkbox"/> YES <input type="checkbox"/> NO.			
A. LIST THEIR NAMES AND ADDRESSES			
24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF			
LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED] 45429			
ADDRESS (Street, City, State, Zip Code) [REDACTED] CLEVELAND, OHIO			
TELEPHONE (Area Number) [REDACTED] (513)	AGE 39	<input checked="" type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.			
25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON? NAME [REDACTED] DAY 29 MONTH July YEAR 1968			
26. DATE YOU COMPLETED THIS QUESTIONNAIRE. DAY _____ MONTH _____ YEAR _____			